

Level_____Type_____ -
 Start Date_____End Date_____
 Course #_____Location_____



Idaho EMS Bureau COURSE COMPLETION RECORD

	Student Name	Didactic Requirements Fulfilled (yes/no)	Skills Requirements Fulfilled (yes/no)	Clinical Requirements Fulfilled (yes/no)	Internship Requirements Fulfilled (yes/no)
1					
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I verify that the information on this document is true and correct.

Course Coordinator Signature _____ Date _____

Medical Director Signature _____ Date _____